# 10/520104

#### APPLICATION DATA SHEET

Docket No. CHL-T109XC1

JT12 Rec'd POT/PTO 0 3 JAN 2005

## **Application Information**

Application Type:: Regular (National Stage)

Subject Matter:: Utility

Suggested Classification:: None

Suggested Group Art Unit:: None

CD-ROM or CD-R?:: None

Number of CD disks:: None

Number of copies of CDs:: None

Sequence submission?:: None

Computer Readable Form?:: No

Number of Copies of CRF::

Title:: VEXPRESSION OF HUMAN INTERFERON IN

TRANSGENIC CHLOROPLASTS

Attorney Docket Number:: CHL-T109XC1

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure:: None

Total Drawing Sheets:: 11

Small Entity?:: Yes

Petition included?:: No

Petition Type:: N/A

Secrecy Order in Parent Appl.?:: No

US

### **Applicant Information**

Country of Residence::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Unknown

Inventor One Given Name:: Henry

Family Name:: Daniell

City of Residence:: Winter Park

State or Province of Residence:: FL

Street of Mailing Address:: 1440 Pelican Bay Trail

City of Mailing Address:: Winter Park

State or Province of mailing address:: FL

Country of Mailing Address:: US

Postal or Zip Code of Mailing Address:: 32792

#### **APPLICATION DATA SHEET**

Docket No. CHL-T109XC1

Representative Information

Representative Customer Number::

000023557

Representative Designation::

Registration Number::

Representative Name::

Primary

35,589

Jeff Lloyd

**Correspondence Information** 

Correspondence Customer Number::

000023557

Telephone Number One::

(352) 375-8100

Telephone Number Two::

Fax Number::

(352) 372-5800

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#### **APPLICATION DATA SHEET**

Docket No. CHL-T109XC1

## **Domestic Priority Information**

Application::

Continuity Type::

Parent Application::

Parent Filing Date::

This application is a

National Stage of

PCT/US2003/020869

July 2, 2003

which claims the

benefit of U.S. Provisional

60/393,438

July 3, 2002

# **Foreign Priority Information**

Country::

Application Number::

Filing Date::

Priority Claimed::

# **Assignee Information**

Assignee Name::

University of Central Florida

Street of Mailing Address::

PO Box 163551

City of Mailing Address::

Orlando

Country of Mailing Address::

US

Postal or Zip Code of Mailing Address::

32816-3551